

SERFF Tracking Number:	ARKS-125454166	State:	Arkansas
First Filing Company:	20087 - NATIONAL INDEMNITY COMPANY, ...	State Tracking Number:	#231899 \$50
Company Tracking Number:	CA-3-3266		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0001 Business Auto
Product Name:	n/a		
Project Name/Number:	/		

Filing at a Glance

Companies: 20087 - NATIONAL INDEMNITY COMPANY, 20052 - National Liability & Fire Ins. Co.

Product Name: n/a	SERFF Tr Num: ARKS-125454166	State: Arkansas
TOI: 20.0 Commercial Auto	SERFF Status: Closed	State Tr Num: #231899 \$50
Sub-TOI: 20.0001 Business Auto	Co Tr Num: CA-3-3266	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author:	Disposition Date: 02/06/2008
	Date Submitted: 01/24/2008	Disposition Status: Approved
Effective Date Requested (New): 02/25/2008		Effective Date (New): 02/25/2008
Effective Date Requested (Renewal): 02/25/2008		Effective Date (Renewal): 02/25/2008

State Filing Description:

General Information

Project Name:	Status of Filing in Domicile:
Project Number:	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 02/06/2008	
State Status Changed: 02/06/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

Company and Contact

Filing Contact Information

NA NA,	NA@NA.com
NA	(123) 555-4567 [Phone]

SERFF Tracking Number: ARKS-125454166 State: Arkansas
First Filing Company: 20087 - NATIONAL INDEMNITY COMPANY, ... State Tracking Number: #231899 \$50
Company Tracking Number: CA-3-3266
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: n/a
Project Name/Number: /

NA, AR 00000

Filing Company Information

20087 - NATIONAL INDEMNITY COMPANY	CoCode: 20087	State of Domicile: Arkansas
No Address	Group Code:	Company Type:
City, AR 99999	Group Name:	State ID Number:
(999) 999-9999 ext. [Phone]	FEIN Number: 99-9999999	

20052 - National Liability & Fire Ins. Co.	CoCode: 20052	State of Domicile: Connecticut
3024 Harney St.	Group Code: 31	Company Type: Property & Casualty
Omaha, NE 68131	Group Name:	State ID Number:
(402) 536-3478 ext. [Phone]	FEIN Number: 36-2403971	

<i>SERFF Tracking Number:</i>	<i>ARKS-125454166</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>20087 - NATIONAL INDEMNITY COMPANY, ...</i>	<i>State Tracking Number:</i>	<i>#231899 \$50</i>
<i>Company Tracking Number:</i>	<i>CA-3-3266</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0001 Business Auto</i>
<i>Product Name:</i>	<i>n/a</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	
Per Company:	No

SERFF Tracking Number:	ARKS-125454166	State:	Arkansas
First Filing Company:	20087 - NATIONAL INDEMNITY COMPANY, ...	State Tracking Number:	#231899 \$50
Company Tracking Number:	CA-3-3266		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0001 Business Auto
Product Name:	n/a		
Project Name/Number:	/		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	02/06/2008	02/06/2008

SERFF Tracking Number:	ARKS-125454166	State:	Arkansas
First Filing Company:	20087 - NATIONAL INDEMNITY COMPANY, ...	State Tracking Number:	#231899 \$50
Company Tracking Number:	CA-3-3266		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0001 Business Auto
Product Name:	n/a		
Project Name/Number:	/		

Disposition

Disposition Date: 02/06/2008
Effective Date (New): 02/25/2008
Effective Date (Renewal): 02/25/2008
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number:	ARKS-125454166	State:	Arkansas	
First Filing Company:	20087 - NATIONAL INDEMNITY COMPANY, ...		State Tracking Number:	#231899 \$50
Company Tracking Number:	CA-3-3266			
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0001 Business Auto	
Product Name:	n/a			
Project Name/Number:	/			

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	ARKS-125454166		No

<i>SERFF Tracking Number:</i>	<i>ARKS-125454166</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>20087 - NATIONAL INDEMNITY COMPANY, ...</i>	<i>State Tracking Number:</i>	<i>#231899 \$50</i>
<i>Company Tracking Number:</i>	<i>CA-3-3266</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0001 Business Auto</i>
<i>Product Name:</i>	<i>n/a</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	ARKS-125454166	State:	Arkansas	
First Filing Company:	20087 - NATIONAL INDEMNITY COMPANY, ...		State Tracking Number:	#231899 \$50
Company Tracking Number:	CA-3-3266			
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0001 Business Auto	
Product Name:	n/a			
Project Name/Number:	/			

Supporting Document Schedules

		Review Status:
Satisfied -Name:	ARKS-125454166	02/07/2008
Comments:		
Attachment:		
ARKS-125454166.pdf		

Property & Casualty Transmittal Document

ARKS-125454166K 231899
50.00

LR

1. Reserved for Insurance Dept. Use Only

Approved until withdrawn
or revoked

FEB 06 2008

Arkansas Insurance Department

By: LR

2. Insurance Department Use only

a. Date the filing is received:

b. Analyst:

c. Disposition:

d. Date of disposition of the filing:

e. Effective date of filing:

New Business

Renewal Business

f. State Filing #:

g. SERFF Filing #:

h. Subject Codes

3. Group Name

Berkshire Hathaway

Group NAIC

0031

4. Company Name(s)

National Liability & Fire Insurance Company

Domicile

CT

NAIC

20052

FEIN

36-
2403971

State

National Indemnity Company

NE

20087

47-
0355979

5. Company Tracking Number

CA-3-3266

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Mary Nielsen 3024 Harney St. Omaha, NE 68131	Industry & Regulatory Relations Analyst	(402) 536-3478	(402) 536-3445	mynielsen@nationa lindemnity.com

7. Signature of authorized filer

Mary Nielsen

8. Please print name of authorized filer

Mary Nielsen

RECEIVED

Filing information (see General Instructions for descriptions of these fields)

JAN 24 2008

9. Type of Insurance (TOI)	Commercial Auto
10. Sub-Type of Insurance (Sub-TOI)	Business Auto, Garage
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	NA
12. Company Program Title (Marketing title)	NA
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 2/25/2008 Renewal: 2/25/2008
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

20.	This filing transmittal is part of Company Tracking #	CA-3-3268
-----	---	-----------

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
--

This schedule has been modified to incorporate the single policy uninsured motorists coverage from the level offered in the current form.

22. Filing Fees (Filer must provide check # and fee amount if applicable)
 [If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #:
Amount:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		CA-3-3266		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Change of Auto Endorsement	M 5168 (6/2004)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Garage Auto Dealers' Supplementary Schedule	M 5169a (4/2006)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	M 5126a (3/2006)	
03	Garage Nondealers' and Trailer Dealers' Supplementary Schedule	M 5170a (4/2006)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	M 5127a (3/2006)	
04	Schedule of Covered Autos	M 5171 (6/2004)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	M 4959a (3/2002)	
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

CHANGE OF AUTO ENDORSEMENT

The following endorsement modifies ITEM SEVEN of the GARAGE NONDEALERS AND TRAILER DEALERS SUPPLEMENTARY SCHEDULE, ITEM NINE of the GARAGE AUTO DEALERS SUPPLEMENTARY SCHEDULE, or ITEM THREE of the BUSINESS AUTO or TRUCKERS COVERAGE DECLARATIONS – SCHEDULE OF COVERED AUTOS:

It is agreed that the policy CEASES to cover

Covered Auto No.	Year Model	Trade Name	Type of Body	Serial, Motor or Vehicle I.D. Number (VIN)

and that the policy EXTENDS to cover

Covered Auto No.	Year Model	Trade Name	Type of Body	Serial, Motor or VIN	Factory List Price	Actual Cost To Insured Incl. Equipment	Purchased (Mo./Yr.)	New Used

ADDED VEHICLES - Loss Payee

Auto No.	EXCEPT FOR towing all physical damage loss is payable to you and the loss payee named below as interest may appear at the time of loss.

ADDED VEHICLES - Rating Information

Covered Auto No.	Radius Operation (in miles)	Business Use s = service r = retail c = comm'l	Size GVW, GCW, or Vehicle Seating Cap.	Primary Rating Factor	Secondary Rating Factor	Total Rating Factor	State Code	Zone Code	Terr. or Regional Zone Code	TERRITORY: Town and State where the Covered Auto will be principally garaged.

Coverages	Limits of Liability	Amount Deductible	UNIT(S) ADDED		UNIT(S) DELETED	
			Annual Premium	Additional Premium	Annual Premium	Return Premium
Bodily Injury Liability						
Property Damage Liability						
Liability (CSL)						
Medical Payments						
PIP						
Additional PIP						
Comprehensive						
Specified Causes of Loss						
Collision						
Subtotal					Subtotal	
Total						

All other terms, conditions and agreements of the policy shall remain unchanged.

Company Name	Policy Number
	Endorsement Effective
Named Insured	Countersigned by

(Authorized Representative)

(The Attaching Clause need be completed only when this endorsement is issued subsequent to preparation of the policy.)

GARAGE – AUTO DEALERS SUPPLEMENTARY SCHEDULE

Garagekeepers Insurance

ITEM SIX - GARAGEKEEPERS INSURANCE – COVERAGE AND PREMIUMS

GARAGEKEEPERS COVERAGE applies on a legal liability basis unless one of the direct coverage options is indicated below by "☒".

DIRECT COVERAGE OPTIONS

- ☐ **EXCESS INSURANCE.** If this box is checked, GARAGEKEEPERS COVERAGE is changed to apply without regard to your or any other "insured's" legal liability for "loss" to a covered "auto" and is excess over any other collectible insurance regardless of whether the other insurance covers your or any other "insured's" interest or the interest of the covered "auto's" owner.
- ☐ **PRIMARY INSURANCE.** If this box is checked, GARAGEKEEPERS COVERAGE is changed to apply without regard to your or any other "insured's" legal liability for "loss" to a covered "auto" and is primary insurance.

Loc #	Coverages	Limit of Insurance For Each Location (Absence of a limit or deductible below means that the corresponding ITEM TWO limit or deductible applies)		Premium
1	Specified Causes of Loss	\$	MINUS \$ DEDUCTIBLE FOR EACH "CUSTOMERS AUTO".	\$
	Comprehensive	\$	MINUS \$ DEDUCTIBLE FOR EACH "CUSTOMERS AUTO".	\$
	Collision	\$	MINUS \$ DEDUCTIBLE FOR EACH "CUSTOMERS AUTO".	\$
2	Specified Causes of Loss	\$	MINUS \$ DEDUCTIBLE FOR EACH "CUSTOMERS AUTO".	\$
	Comprehensive	\$	MINUS \$ DEDUCTIBLE FOR EACH "CUSTOMERS AUTO".	\$
	Collision	\$	MINUS \$ DEDUCTIBLE FOR EACH "CUSTOMERS AUTO".	\$
3	Specified Causes of Loss	\$	MINUS \$ DEDUCTIBLE FOR EACH "CUSTOMERS AUTO".	\$
	Comprehensive	\$	MINUS \$ DEDUCTIBLE FOR EACH "CUSTOMERS AUTO".	\$
	Collision	\$	MINUS \$ DEDUCTIBLE FOR EACH "CUSTOMERS AUTO".	\$
TOTAL PREMIUM				\$

GARAGE – AUTO DEALERS SUPPLEMENTARY SCHEDULE

Physical Damage

ITEM SEVEN – PHYSICAL DAMAGE COVERAGE – TYPES OF COVERED AUTOS AND INTERESTS IN THESE AUTOS – PREMIUMS – REPORTING OR NONREPORTING BASIS.

Each of the following PHYSICAL DAMAGE coverages which is indicated in ITEM TWO applies only to the types of "autos" and interests indicated below "☒".

Coverages	Types of "Autos"		Interests Covered			
	New "autos"	Used "autos", demonstrators and service vehicles	Your interest in covered "autos" you own	Your interest only in financed covered "autos"	Your interest and the interest of any creditor named as a loss payee	All interests in any "auto" not owned by you or any creditor while in your possession on consignment for sale
Comprehensive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specified Causes of Loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Loc #	Coverages	Limit of Insurance For Each Location			Rates	Premium
1	Specified Causes	\$ MINUS \$ DEDUCTIBLE FOR EACH COVERED "AUTO".				\$
	Comp.	\$ MINUS \$ DEDUCTIBLE FOR EACH COVERED "AUTO".				\$
2	Specified Causes	\$ MINUS \$ DEDUCTIBLE FOR EACH COVERED "AUTO".				\$
	Comp.	\$ MINUS \$ DEDUCTIBLE FOR EACH COVERED "AUTO".				\$
3	Specified Causes	\$ MINUS \$ DEDUCTIBLE FOR EACH COVERED "AUTO".				\$
	Comp.	\$ MINUS \$ DEDUCTIBLE FOR EACH COVERED "AUTO".				\$
All	Collision	\$ MINUS \$ DEDUCTIBLE FOR EACH COVERED "AUTO".			Adjustment Factor	
		BLANKET ANNUAL COLLISION RATES				
		FIRST \$50,000	\$50,001 to \$100,000	Over \$100,000		
						\$
Our limit of insurance for "loss" at locations other than those stated in ITEM THREE.					TOTAL PREMIUM	\$

\$ Additional Locations where you store covered "autos" \$ In transit

PREMIUM BASIS – Reporting (Quarterly or Monthly) or Nonreporting (Indicate Basis Agreed Upon by "☒").

- ☐ **REPORTING BASIS** (Quarterly or Monthly as indicated below by "☒").

You must report to us on our form the locations of your covered "autos" and their total value at each such location. For your main sales location identified as location no. 1 you must include the total value of all covered autos you have furnished or made available to yourself, your executives, your employees or family members and other Class II – Non-Employees, and covered "autos" that are temporarily displayed or stored at locations other than those stated in ITEM THREE above. For your main sales location you must include the total value of all service vehicles.

YOUR REPORTING BASIS IS:

- ☐ **QUARTERLY** – You must give us your first report by the fifteenth of the fourth month after the policy begins. Your subsequent reports must be given to us by the fifteenth of every third month. Your reports must contain the values for the last business day of every third month coming within the policy period.
- ☐ **MONTHLY** – You must give us your reports by the fifteenth of every month. Your reports will contain the total values you had on the last business day of the preceding month.

Premiums will be calculated pro rata of the annual premium for the exposures contained in each report. At the end of each policy year we will add the monthly premiums or the quarterly premiums to determine your final premium due for the entire policy year. The estimated total premiums shown above will be credited against the final premium due.

- ☐ **NONREPORTING BASIS.** Stated limit of insurance shown above applies.

LOSS PAYEES – Any loss is payable as interest may appear to you and:

GARAGE – AUTO DEALERS SUPPLEMENTARY SCHEDULE**Additional Information****ITEM EIGHT – MEDICAL PAYMENTS COVERAGE**

Coverage	Premium Determination	Premium
Auto Medical Payments Only	Auto Medical Payments Premium equals %	\$
Premises and Operations Medical Payments (Does not apply to "bodily injury" caused by any "auto")	Premises and Operations Medical Payments Premium equals %	\$
Premises and Operations and Auto Medical Payments	Premises and Operations and Auto Medical Payments Premium equals %	\$

ITEM NINE – SCHEDULE OF COVERED AUTOS WHICH ARE FURNISHED TO SOMEONE OTHER THAN A CLASS I OR CLASS II OPERATOR OR WHICH ARE INSURED ON A SPECIFIED CAR BASIS

Refer to the SCHEDULE OF COVERED AUTOS for specified "autos". Refer to the Schedule below for "autos" furnished to someone other than a Class I or Class II Operator.

Auto #	Person or Organization to which the Covered "auto" has been furnished (Do not include Covered "autos" which have been furnished to Class I or Class II operators).

ITEM TEN – UNINSURED MOTORISTS COVERAGE AND UNDERINSURED MOTORISTS COVERAGE – PREMIUMS

	Premium
Uninsured Motorist Coverage	\$
Underinsured Motorist Coverage	\$

GARAGE NONDEALERS' AND TRAILER DEALERS' SUPPLEMENTARY SCHEDULE

ITEM THREE – LOCATIONS

Locations where you conduct "garage operations". The main business location is stated as location Number 1. See the SCHEDULE below.

ITEM FOUR – LIABILITY COVERAGE PAYROLL RATING BASIS

For your premises and operations and nonowned "autos" used in your business. Refer to ITEM SIX for the LIABILITY PREMIUMS FOR THE COVERED AUTOS YOU HIRE OR BORROW. Refer to ITEM SEVEN for COVERED AUTOS YOU OWN.

ITEM FIVE – GARAGEKEEPERS COVERAGES AND PREMIUMS

The Limit of Insurance for each location of "garage operations" is listed in the SCHEDULE below. (Absence of a limit or deductible below means that the corresponding ITEM TWO limit or deductible applies.)

GARAGEKEEPERS COVERAGE deductible applies to each "Customer's auto".

GARAGEKEEPERS COVERAGE applies on a legal liability basis unless one of the direct coverage options is indicated below by "☒".

DIRECT COVERAGE OPTIONS

- ☐ EXCESS INSURANCE. If this box is checked, GARAGEKEEPERS COVERAGE is changed to apply without regard to your or any other "insured's" legal liability for "loss" to a covered "auto" and is excess over any other collectible insurance regardless of whether the other insurance covers your or any other "insured's" interest or the interest of the covered "auto's" owner.
- ☐ PRIMARY INSURANCE. If this box is checked, GARAGEKEEPERS COVERAGE is changed to apply without regard to your or any other "insured's" legal liability for "loss" to a covered "auto" and is primary insurance.

SCHEDULE

Loc #	Address	Payroll Rating	Garagekeepers Liability Coverage			
		Estimated Payroll	Limit of Insurance	S or C	Specified Causes or Comprehensive	Collision
		Rate per \$100 of Payroll Premium			Deductible Premium	Deductible Premium

GARAGE NONDEALERS' AND TRAILER DEALERS' SUPPLEMENTARY SCHEDULE

ITEM SIX – SCHEDULE OF HIRED OR BORROWED AUTO COVERAGE AND PREMIUMS

LIABILITY COVERAGE – RATING BASIS, COST OF HIRE

STATE	ESTIMATED "COST OF HIRE" FOR EACH STATE	RATE PER EACH \$100 "COST OF HIRE"	PREMIUM
"Cost of hire" means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or employees or their family members). "Cost of hire" does not include charges for services performed by motor carriers of property or passengers.			TOTAL PREMIUM \$

PHYSICAL DAMAGE COVERAGE for covered "autos" you hire or borrow is excess unless indicated by "☒".

- ☐ If this box is checked, PHYSICAL DAMAGE COVERAGE applies on a direct primary basis and for purposes of the condition entitled OTHER INSURANCE, any covered "auto" you hire or borrow is deemed to be a covered "auto" you own.

PHYSICAL DAMAGE COVERAGE

PHYSICAL DAMAGE COVERAGE						
COVERAGES	LIMIT OF INSURANCE – THE MOST WE WILL PAY, DEDUCTIBLE			RATE	MINIMUM PREMIUM	PREMIUM
COMPREHENSIVE	ACTUAL CASH VALUE, COST OF REPAIRS OR	\$	WHICHEVER IS LESS, MINUS \$ FOR EACH COVERED "AUTO."	Ded.		\$
SPECIFIED PERILS		\$	WHICHEVER IS LESS, MINUS \$ FOR EACH COVERED "AUTO."	Ded.		\$
COLLISION		\$	WHICHEVER IS LESS, MINUS \$ FOR EACH COVERED "AUTO."	Ded.		\$
					TOTAL PREMIUM	\$

ITEM SEVEN – COVERED AUTOS

Refer to the SCHEDULE OF COVERED AUTOS.

ITEM EIGHT – MEDICAL PAYMENTS COVERAGE – PREMISES AND OPERATIONS – NONOWNED AUTOS USED IN YOUR BUSINESS. REFER TO ITEM SEVEN FOR MEDICAL PAYMENTS PREMIUMS FOR COVERED AUTOS.

Coverage	Premium Determination		Premium
Auto Medical Payments Only	Auto Medical Payments Premium equals	%	\$
Premises and Operations Medical Payments (Does not apply to "bodily injury" caused by any "auto")	Premises and Operations Medical Payments Premium equals	%	\$
Premises and Operations and Auto Medical Payments	Premises and Operations and Auto Medical Payments Premium equals	%	\$

ITEM NINE – UNINSURED AND UNDERINSURED MOTORIST COVERAGE PREMIUMS

	Premium
Uninsured Motorist Coverage	\$
Underinsured Motorist Coverage	\$

M-5171 (06/2004)

EFFECTIVE DATE:

Policy-Level Coverages	
Uninsured Motorist Coverage:	
Underinsured Motorist Coverage:	
Other:	

Vehicle #	Year	Make & Model	VIN	Use (C/S/R)	Radius	Garaging Territory	Garaging City, State	GVW or Seating Cap.
	Liability Premium	Medical Payments Premium	Personal Injury Protection Premium	Additional Insured Premium		In-Tow Premium	Cargo Premium	
	Stated Limit or ACV	Specified Causes or Comprehensive	Specified Causes or Comprehensive Premium	Specified Causes or Comprehensive Deductible		Collision Premium	Collision Deductible	

C = Commercial S = Service R = Retail